

Watercraft Worksheet

Phone: 1-800-922-4875

Mail To: Chubb Group of Insurance Companies
Attn: Personal Lines Yacht Unit
202 Hall's Mill Road, P.O. Box 1600
Whitehouse Station, NJ 08889-1600



Client Information

New Line Endorsement Rewrite Quote/Policy no. _____ Date Requested _____
Name Used on Policy _____ Individual Partnership (non-married)
 Married Couple Corp. for tax purposes

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Occupation _____ Age _____ Spouse's occupation _____ Age _____

Effective Date _____ Expiration Date _____ Insurance Writing Company _____

Producer Name _____ Producer no. _____ Subproducer no. _____

Billing options (check only one): Agency bill (prepaid) Company bill: one-payment plan two-payment plan four-payment plan

Coverage

Year	Overall length	Manufacturer	Model	sail	power	Type of fuel
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Electric

Type of watercraft	Type of engine	No. of engines	HP of ea. Engine
<input type="checkbox"/> Bass boat <input type="checkbox"/> Drag Boat <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> one	<input type="checkbox"/> Air boat <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Inboard/outdrive <input type="checkbox"/> Jet <input type="checkbox"/> two	<input type="checkbox"/> three	HP
<input type="checkbox"/> None of the Above			

Mooring location
Marina _____ City _____ State _____ Inland Coastal/tidal Watercraft Agreed Value \$ _____

Liability Limits (check only one):
 \$50,000 \$100,000 \$200,000 \$300,000 \$500,000 \$1 million 2\$ million 3\$ million 5\$ million 10\$ million

Physical damage deductible (check only one):
Value \$50,000 or less: \$100 \$250 \$500 \$1,000
Value over \$50,000: 1% 2% 3%

Loss History for Past Three Years

Date of Loss	Description of loss	Date paid	Loss amount paid (if known)
/ /		/ /	\$
/ /		/ /	\$

Loss Payee

Name _____ Loan no. (if applicable) _____

Mailing Address _____

Supplemental Information

Boating experience (total years) _____ Type and size _____

Name and age of all operators: _____

Are motor vehicle records clean: Yes No If no, please explain: _____